Complete Summary

GUIDELINE TITLE

When inflicted skin injuries constitute child abuse.

BIBLIOGRAPHIC SOURCE(S)

When inflicted skin injuries constitute child abuse. Pediatrics 2002 Sep; 110(3): 644-5. [20 references] PubMed

GUIDELINE STATUS

This is the current release of the guideline.

American Academy of Pediatrics (AAP) Policies are reviewed every 3 years by the authoring body, at which time a recommendation is made that the policy be retired, revised, or reaffirmed without change. Until the Board of Directors approves a revision or reaffirmation, or retires a statement, the current policy remains in effect.

COMPLETE SUMMARY CONTENT

SCOPE

METHODOLOGY - including Rating Scheme and Cost Analysis RECOMMENDATIONS

EVIDENCE SUPPORTING THE RECOMMENDATIONS

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS QUALIFYING STATEMENTS

IMPLEMENTATION OF THE GUIDELINE INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT

CATEGORIES

IDENTIFYING INFORMATION AND AVAILABILITY

DISCLAIMER

SCOPE

DISEASE/CONDITION(S)

Skin injuries caused by child abuse

GUIDELINE CATEGORY

Diagnosis Prevention Risk Assessment

CLINICAL SPECIALTY

Endocrinology Family Practice Pediatrics

INTENDED USERS

Advanced Practice Nurses Nurses Physician Assistants Physicians

GUIDELINE OBJECTIVE(S)

To provide recommendations for pediatricians to assist in determining when inflicted skin injuries constitute child abuse

TARGET POPULATION

Children with skin injuries that may be caused by abuse

INTERVENTIONS AND PRACTICES CONSIDERED

- 1. Identification of physical child abuse
- 2. Adoption of laws and child protective services procedures that conform to medical definitions of physical abuse
- 3. Counseling or referral to assist caregivers in appropriate behavior management of children

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE FVI DENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not stated

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

- 1. Pediatricians must recognize that physical abuse consists of nonaccidental inflicted injuries.
- 2. Pediatricians should consider child abuse as the most likely explanation for inflicted skin injuries.
- 3. The Academy calls on state legislatures and Congress to avoid adoption of any laws or policies that create nonmedical definitions as to what constitutes nonaccidental inflicted skin injuries. Any existing laws and child protective

- services procedures that fail to conform to medical definitions of physical abuse should be repealed, and a clear statement should be made by state legislatures and Congress that protection of children is a state and national priority.
- 4. Pediatricians should work with legislatures and child protective services agencies at the state level to ensure implementation of this policy.
- 5. Pediatricians should counsel or provide appropriate referral to assist caregivers with appropriate behavior management of children.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

Not stated

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Proper identification of physical child abuse
- Prevention of future abuse

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

OUALIFYING STATEMENTS

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2002 Sep

GUI DELI NE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics

GUI DELI NE COMMITTEE

Committee on Child Abuse and Neglect

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Committee on Child Abuse and Neglect, 2001-2002: Steven W. Kairys, MD, MPH, Chairperson; Randell C. Alexander, MD, PhD; Robert W. Block, MD; V. Denise Everett, MD; Kent P. Hymel, MD; Carole Jenny, MD, MBA; John Stirling, Jr, MD

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

Electronic copies: Available from the <u>American Academy of Pediatrics (AAP) Policy Web site</u>.

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on January 28, 2003. The information was verified by the guideline developer on April 16, 2003.

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